



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **23942 LYONS AVE 108, SANTA CLARITA, CA 91321**

TELEPHONE: **(661) 310-1222**

OWNER OF BUSINESS: **BENJAMAS RATTANAWECH**

CAL. DR. LIC.# **[REDACTED]**

NAME OF PERSON FINGERPRINTED: **BENJAMAS RATTANAWECH**

FICTITIOUS NAME: **AMAZING THAI MASSAGE AND SPA**

MAILING ADDRESS: **23942 LYONS AVE 108, SANTA CLARITA, CA 91321**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	09/10/15	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	02/25/16	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	06/21/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	11/03/15	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	09/10/15	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	06/30/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	11/03/15	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2158.00

ID# 142679

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor General</u>	Address of Business: <u>#108</u> <u>23942 LYONS AVE Santa Clarita ca 91321</u>	
DBA (Business Name): <u>Amazing Thai Massage and Spa</u>	Business Telephone: <u>661-310-1222</u>	
	Mailing Address: <u>#108</u> <u>23942 LYONS AVE Santa Clarita ca 91321</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>JAN 28 2015</u>	Incorporated in the State of: <u>State of California</u>	
Exact Corporate Name: <u>AMAZING THAI MASSAGE AND SPA</u>		
Names of Officers	Addresses	Titles
<u>Benjamas Rattanawech</u>	<u>23942 LYONS AVE Suite 108</u>	<u>OFFICER</u>
<u>JASON S. WAGNER</u>	<u>23942 LYONS AVE Suite 108</u>	<u>OFFICER</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>Benjamas Rattanawech</u>		
Home Address: <u>[REDACTED]</u>		
Home Telephone: <u>[REDACTED]</u>	Cell Phone: <u>[REDACTED]</u>	Email address: <u>Ben9954@hotmail.com</u>
Social Security #: <u>[REDACTED]</u>	Date of Birth: <u>[REDACTED]</u>	Place of Birth: <u>[REDACTED]</u>
Driver's License or State ID#: <u>[REDACTED]</u>		Expiration Date: <u>[REDACTED]</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: <u>[REDACTED]</u>	Weight: <u>[REDACTED]</u>
	Hair Color: <u>[REDACTED]</u>	Eye Color: <u>[REDACTED]</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 9/9/15 Applicant's Signature: Benjamas Rattanawech

Application taken by: llb Date: 9-9-15

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 23942 LYONS AVE 108, SANTA CLARITA, CA 91321

TELEPHONE: (661) 310-1222

OWNER OF BUSINESS: BENJAMAS RATTANAWECH

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: AMAZING THAI MASSAGE AND SPA

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DATE THAT YOU STARTED BUSINESS:

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THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*We recommend approval at
this time.*

SIGNATURE:

D. Hamud

DATE:

9/10/15

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970 73

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR GENERAL

ADDRESS OF BUSINESS: 23942 LYONS AVE., #108 SANTA CLARITA, CA 91321

TELEPHONE: (661) 310-1222

OWNER OF BUSINESS: BENJAMAS RATTANAWECH

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED: SAME

FICTITIOUS NAME: AMAZING THAI MASSAGE AND SPA

MAILING ADDRESS: 23942 LYONS AVE., #108 SANTA CLARITA, CA 91321

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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**FIRE DEPARTMENT
LA COUNTY**

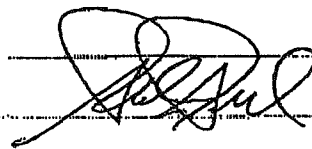
APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____



DATE: _____

2/22/2016

BASIC LICENSE NO. 8430

DATE 09-09-2015

IDENTIFICATION NUMBER 142679



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 23942 LYONS AVE 108, SANTA CLARITA, CA 91321

TELEPHONE: (661) 310-1222

OWNER OF BUSINESS: BENJAMAS RATTANAWECH

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: AMAZING THAI MASSAGE AND SPA

MAILING ADDRESS: 23942 LYONS AVE 108, SANTA CLARITA, CA 91321

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

BASIC LICENSE NO. 8430

DATE 01/20/16

IDENTIFICATION NUMBER 142679

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

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DATE THAT YOU STARTED BUSINESS:

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THIS IS AN APPLICATION FOR: NEW LICENSE

REGIONAL PLANNING

SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: approval for massage parlor
must comply with municipal chapter 5.08

SIGNATURE: [Signature]

DATE: 9/10/15



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

15-061016

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TELEPHONE: (661) 310-1222

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MAILING ADDRESS: 23942 LYONS AVE 108, SANTA CLARITA, CA 91321

DATE THAT YOU STARTED BUSINESS: [REDACTED]

PREVIOUS OWNER'S NAME, IF KNOWN:

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**SHERIFF FINGERPRINT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

APPROVED

SIGNATURE: WLP 534473

DATE: 11/3/15

BASIC LICENSE NO. 8430

DATE 09/10/15

9/10

IDENTIFICATION NUMBER 142679